



School Year: _____

Effective Date: _____

Place
Child's
Picture
Here

Individualized Health Care Plan Allergies

Student Name _____ D.O.B. _____ Grade _____

Classroom _____ Allergic To _____
*For children with multiple allergies, use one form for each allergy

◆ **History of Allergic Reactions** ◆ How many reactions: _____ Date of last reaction: _____

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>*Children with Asthma are at high risk for severe reaction</i>
Inhaler at School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical I.D. Worn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

◆ **Signs of Allergic Reaction** ◆ NOTE: The severity of symptoms can quickly change.

<u>Systems</u>	<u>Symptoms</u>
• MOUTH	Itching & swelling of the lips, tongue, or mouth
• SKIN	Hives, itchy rash, and/or swelling about the face or extremities
• GUT	Nausea, abdominal cramps, vomiting, and/or diarrhea
• THROAT*	Itching and/or a sense of tightness in throat, hoarseness, and hacking cough
• LUNG *	Shortness of breath, repetitive coughing, and/or wheezing
• HEART*	Thready pulse, passing-out, pale, blueness
• Other	_____

*** Potentially Life Threatening**

◆ **Action for Minor Reaction** ◆

1. If **only** symptom(s) are: _____, give _____ medication/dose/route

Then call:

2. Mother _____, Father _____, or emergency contacts.

3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ **Action for Major Reaction** ◆

1. If **ingestion** is suspected and/or symptom(s) are; _____
give _____ **IMMEDIATELY!**
medication/dose/route

Then call:

2. 911! Do not hesitate. Ask for advanced life support. State that an allergic reactions has been treated and additional epinephrine may be needed.

3. Mother _____, Father _____, or emergency contacts.

4. Dr. _____ at _____ Medical # _____

◆ Emergency Contacts ◆

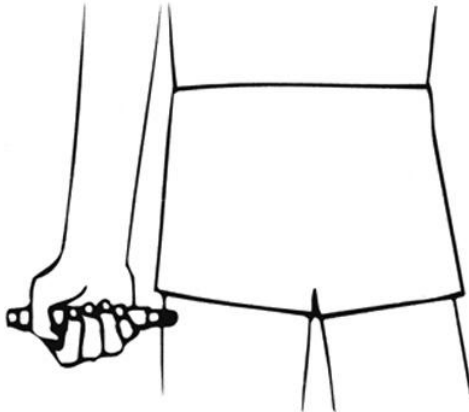
Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.



Trained Staff Members

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

◆ For children with multiple allergies, use one form for each allergy. ◆

Parent's Signature _____ Date _____

Physician's Signature _____ Date _____